



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 14, 2003

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements that will be migrated to the Production System and become operational on November 24, 2003.

The enhancements cover the following topics:

- Section 1**-Language changes for Excess Income and/or Excess Resources Codes.
- Section 2**-Language change for Reason Code E61
- Section 3**-Title change to Reason Code S27
- Section 4**-Deletion of Reason Code C12
- Section 5**-QI-2 changes deleting Reason Codes U81 and U83 and revising language and title for Reason Code E81.
- Section 6**-COLA Notices-two new reason codes concerning the recalculation of contributions due to COLA adjustments.
- Section 7**-Language changes to Reason Codes E03 and F13.
- Section 8**-Breast and Cervical Cancer Treatment Program (BCCTP) – Modifications and Additions (District 99 Only)
- Section 9**-MBI-WPD (Medicaid Buy-In for Working People with Disabilities) to Spenddown – New Reason Code U22
- Section 10**-Changes to Reason Code U65
- Section 11**-New Element Review for Question 12 of the Renewal Application

If you have any questions regarding the attached changes, please contact Cindy Krueger-Farley @(518)402-6663 or Kathie Hahn @(518)474-2080.

Sincerely,

PB

Patti Buttino, Health Program Administrator II
Upstate Eligibility Systems
Office of Medicaid Management

Enclosure
cc: Commissioners
MA Directors

Section #1: Language Change for Excess Income and/or Excess Resources Codes

The language change is as follows:

The entire paragraph beginning with “**If you have incurred or paid medical bills in an amount...**” has been omitted.

The language in the paragraph beginning with “**If you incur medical bills....**”, the phrase “**goes down, you may reapply**” now reads “**goes down in the future, you may reapply**”.

This language change will affect the following reason codes:

<u>Reason Code</u>	<u>Paragraph Number</u>
E22	X0088
E49	X0066
E55	X0060
E56	X0061
E68	X0067
F82	U0138
F83	U0142
U32	X0022
U40	X0023
U59	X0024
V78	U0141
X15	P0003
X84	X0206
X85	X0207

Section #2: Language Change for Reason Code E61

CNS Reason Code E61 is being modified in the following manner: The sentence “**We must provide Medical Assistance/Family Health Plus only to persons who are residents of (County Name)**” has been removed from the language.

Section #3: Title Change to Reason Code S27

The following reason code will have a title change as follows:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Old Title</u>
S27	X0213	200% MA, 60 Days Post-Partum to FHP, Infant Continues, Chose a Plan
		<u>New Title</u> MA to FHP PP Continue Infant Chose a Plan

Section #4: Deletion of Reason Code C12

The following reason code will be deleted since it will no longer be a valid situation:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>
C12	C0100	FNP Mother Over Income/Resources Post-Partum, Infant Continues

Section #5: QI-2 Changes Deleting Reason Codes U81 and U83 and Revising Language and Title for Reason Code E81

As a result of the Qualified Individuals Two (QI-2) Program being discontinued, three notices referring to it have been changed or deleted. They are as follows:

Changed to remove references to QI-2 in the title:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Old Title:</u>
E81	D0074	Annual Fund Exhausted for QI-1 and QI-2 Program
		<u>New Title:</u> Deny QI-1- Annual Fund Exhausted

Deleted

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>
U81	D0073	Deny QI-2 Medicare Premium Payment
U83	D0076	Accept QI-2 Partial Payment Medicare Part B

Section #6 – COLA Notices – Two New Reason Codes Concerning the Recalculation of Contributions Due to COLA Adjustments

Two new reason codes concerning the recalculation of contributions due to COLA adjustments are being put into production. The two new reason codes are as follows:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>
V11	U0147	Recalculation of Contribution Toward Chronic Care due to COLA, Single
V12	U0148	Recalculation of Contribution Toward Chronic Care due to COLA, Spousal

NOTE: Notices generated by Reason Codes V11 and V12 must be sent by mid-December in order to be timely for 01-01-04.

Section #7 – Language Changes to Reason Codes E03 and F13

Two reason codes dealing with the discontinuance of the Mother after the post-partum period and the continuation of the infant until age one will be affected by a slight language change. The words “.....as long as the baby continues to live with you” are being removed from the language. The following reason codes are affected:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>
E03	C0122	Discontinue MA NonQual/Non PRUCOL Alien Post-Partum, Infant Continues
F13	C0199	Discontinue MA/FHP Fail to Return Recert Post-Partum, Infant Continues

Section #8 – Breast and Cervical Cancer Treatment Program (BCCTP) Modifications and Additions – (District 99 Only)

There have been four new notices added and two notices modified for use with the Breast and Cervical Cancer Treatment Program in District 99.

Reason Code V83 (Paragraph Number C0223) – Discontinue BCCTP - To MA, currently in use as an undercare code (05 transaction) to notify clients when they are eligible for required Medicaid programs, has been changed to a closing code for use with an 07 or 08 transaction.

Reason Code B74 (Paragraph Number C0217) – Discontinue BCCTP – Failure to Recertify, has been changed to **Discontinue BCCTP – Fail to Renew (Recertify)**. The language within the notice has been changed to let the client know that a completed renewal form was not received even though a notice was previously sent with instructions on how and where these forms should be completed. The notice advises the client how and where to obtain a renewal form and tells the client that if they complete the form and it is received within 10 days, a decision will be made about continuing eligibility.

The new reason codes for the Breast and Cervical Cancer Treatment Program (BCCTP) are as follows:

Opening:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>	<u>Not. Ind.</u>
C19	Y0049	Accept BCCTP	A

Undercare:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>	<u>Not. Ind.</u>
B78	U0149	Continue MA/BCCTP Unchanged	A

U24	X0225	Spenddown to BCCTP	T
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Worker will make the following entries:
 -Spenddown end date
 -BCCTP effective date

A new renewal letter, **Reason Code Z47 (R0042) Notice of Renewal (Recertification) for BCCTP**, has also been generated for use with the **Batch Notice Entry** feature (selection 08

on the CNS menu). The same process currently used for “call-ins” will be used.

Worker will make the following entry:

-Renewal return date

Section #9 – MBI-WPD (Medicaid Buy-In for People with Disabilities) – New Reason Code

The following is an additional notice for the Medicaid Buy-In for the Working Disabled Program to be incorporated with those from the last migration:

<u>Reason Code</u>	<u>Paragraph Number</u>	<u>Title</u>	<u>Not. Ind.</u>
U22	X0223	MBI-WPD to Spenddown, Spenddown Met	T

Worker will make the following entries:

- Net Income Amount
- 250% Federal Poverty Level
- Monthly Excess Income Amount
- Outpatient Coverage “From” Date
- Outpatient Coverage “To” Date

Section #10 – Changes to Reason Code U65

The following changes will affect **Reason Code U65 (C0006) – Discontinue-Not a Resident Of District (MA Ext)**:

- Second sentence – “**This is because you are no longer living in _____ and we give Medical Assistance only to persons who live in the county.**” has been changed to read “**This is because you are no longer living in _____ County.**”
- Message #2 currently begins “**You will be eligible for Medical Assistance until _____.**” It will now read “**You will be eligible for Medical Assistance/Family Health Plus until _____.**” Each time that the phrase “**Medical Assistance**” appears in this message, /**Family Health Plus** has been added.
- Message #4 currently reads “**Your baby will be eligible for Medical Assistance until _____**” has been changed to read “**Your baby will be eligible for Medical Assistance until _____ because your baby is eligible to receive Medical Assistance up until his or her first birthday. If you are in a Managed Care Plan, that plan may not cover the area you now live in, and you should contact the Department of Social Services in the district you now live in. You should show this Notice to your new worker when you contact the new Social Services district.**”
- Message #1 and Message #3 are now open to Case Type 20 only. Message #2 and Message #4 are open to both Case Type 20 and Case Type 24

Section #11 – New Element Review for Question 12 of the

Renewal Application

There are 2 new element reviews for question 12 (Resources) concerning the first and second sections of the language. The third section, part C, remains unchanged.

The conditions are as follows:

- Part A -** If the case type is 24 and resources equal 91 or the Excess Resource Data Elements are greater than blank, system will print part A.
- Part B -** If the case type is 24, and resources equal anything other than 91, or the Excess Resource Data Elements are blank, system will print part B.

Part A of the language reads as follows:

Note: Pregnant woman and child(ren) under the age of 19 do not have to provide information about resources.

When you last applied/renewed, you stated that the total value of your resources was above the Medicaid resource level for your family level for your family size. If the value of your resources has gone down (decreased) and you would like a determination of Medicaid eligibility, contact your worker. In the meantime, **if you return this form by the deadline and are found to be otherwise eligible**, your coverage will be renewed.

**READ THE TERMS, RIGHTS AND RESPONSIBILITIES SECTION,
SIGN AND DATE THIS FORM AND RETURN IT BY THE DATE
SHOWN ON PAGE ONE.**

Part B of the language reads as follows:

You do not need to provide resource information at this time. We will contact you if we need resource information.

**READ THE TERMS, RIGHTS AND RESPONSIBILITIES SECTION,
SIGN AND DATE THIS FORM AND RETURN IT BY THE DATE
SHOWN ON PAGE ONE.**